CONCLUSIONS: Schizophrenia patients consume significant health care resources. Medications used to treat schizophrenia did not differ in terms of duration of therapy or impact on total health care costs.

PMH6

ECONOMIC OUTCOMES OF ANTIDEPRESSANT USE IN A MANAGED CARE ORGANIZATION

White TJ, Nichol MB
University of Southern California School of Pharmacy, Department of Pharmaceutical Economics and Policy, Los Angeles, CA, USA

Hospitals, health care systems, and policy makers are striving to seek ways to provide cost-effective care for patients with major depressive disorder.
OBJECTIVES: The first objective is to investigate the differences between the newer antidepressants regarding treatment completion, average daily dose, dosage titration, switching, and augmentation behavior. The second objective is to compare direct health service expenditures related to the treatment of depression. The inquiry is guided by the following question: Is there a significant difference between antidepressants in regard to overall health care service expenditures for the treatment of depression?
METHODS: Retrospective archival data from computerized claims records of a large managed care organization were analyzed. Treatment completion was defined as receiving at least 180 days of therapy at a minimum therapeutic dose as defined by the AHCPR guidelines for detection, diagnosis, and treatment of depression. Patients were included in the analysis if (1) they had an ICD-9 diagnosis code for depression or if (2) they received an antidepressant prescription. Patients were excluded if (1) they were less than 18 years of age, (2) they had a diagnosis indicating schizophrenia or bipolar depression, (3) there were not at least 6 months of follow up data available, or (4) they were ineligible for coverage by the plan.
RESULTS: Patients initiated on fluoxetine were more likely to complete therapy than those on paroxetine, sertraline, nefazodone, or venlafaxine ($n = 65{,}792$; $p < .01$). These differences narrowed over time. Results regarding overall health care utilization related to each antidepressant will be presented.
CONCLUSIONS: Based on this sample of patients, it appears that patients initiated on fluoxetine are more likely to complete therapy when compared to the other antidepressants.

PMH7

A GENERAL MODEL OF THE EFFECTS OF ALTERNATIVE SEDATIVE-HYPNOTIC AGENTS ON THE COSTS OF MOTOR VEHICLE ACCIDENTS

Menzin J, Lang K, Friedman M
Boston Health Economics, Inc., Billerica, MA, USA

While sedative-hypnotic agents may be equally effective in promoting sleep, some may lead to greater impairment in psychomotor functioning and an increased risk of motor vehicle accidents (MVAs).
OBJECTIVE: To create a general model of the impact of alternative sedative-hypnotic agents on the expected numbers and associated costs of MVAs.
METHODS: A decision-analytic model was developed to compare the effects of alternative sedative-hypnotics over one month in a hypothetical cohort of 100,000 adult drivers who were not being treated with these agents. Since insomnia increases the risk of driving drowsy, possibly leading to additional MVAs, a scenario of no treatment was included for comparison purposes. Outcomes included the expected numbers of drowsy drivers and MVAs, and the costs (societal) associated with MVAs. Model parameters were estimated using published surveys, randomized clinical trials of driving performance, and epidemiologic studies relating driving impairment to the risk of MVAs.
RESULTS: If sedative-hypnotics were not used, there would be 24,300 drowsy drivers (per 100,000 per month) and 441 MVAs. Monthly accident costs would be $36 per person. Treatment with a sedative-hypnotic associated with limited impairment (e.g., nitrazepam 5 mg daily) would reduce the number of drowsy drivers to 17,550 but only slightly reduce MVAs (by 2) and monthly costs (by less than $1 per patient). A medication that might severely impair driving (e.g., flurazepam 30 mg daily) would not further reduce the number of drowsy drivers but more than triple MVAs (to 1,488) and monthly costs (to $122 per person).
CONCLUSIONS: Some sedative-hypnotic agents may markedly increase the costs of MVAs. Their acquisition prices alone therefore may provide a poor indication of overall economic impact.

PMH8

DURATION OF CONTINUOUS THERAPY BETWEEN ATYPICAL AND TYPICAL ANTIPSYCHOTICS

Li Z[1], Hutchins DS[1], Johnstone BM[2], Tunis SL[2], Coleman TR[2], Gevirtz F[1]
[1]PCS Health Systems Inc., Scottsdale, AZ, USA; [2]Eli Lilly and Company, Indianapolis, IN, USA

Long periods of antipsychotic pharmacotherapy are often necessary because many of the psychotic conditions indicated for antipsychotics are chronic in nature. Atypical antipsychotic agents, with a broader response profile and fewer side effects, may increase the likelihood of achieving longer periods of pharmacotherapy relative to typical antipsychotic agents.
OBJECTIVE: This study compares the duration of continuous therapy between atypical and typical antipsychotics in the naturalistic care setting.
METHODS: Three years of medical claims data from a large U.S. prescription database were analyzed for 56,682